

REZONING APPLICATION

PLANNING AND CODES DEPARTMENT



City of Alcoa • 223 Associates Boulevard • Alcoa, TN 37701 • Ph#: (865)380-4730 Fax#: (865)380-4744

Application Number _____
OFFICE USE ONLY

Name of Applicant: _____
Mailing Address: _____
Telephone: _____ Fax: _____ Email: _____
Name of Owner(s): _____
Mailing Address: _____
Telephone: _____ Fax: _____ Email: _____
Agent/Contact: _____
Mailing Address: _____
Telephone: _____ Fax: _____ Email: _____

PROPERTY IDENTIFICATION:

Project Name: _____
Address of Property: _____

Map Number: _____ Group Number: _____
Parcel Number: _____ Parcel Acreage: _____
Parcel Zoning: _____ Proposed Zoning: _____

Existing Land Use: _____
Number of Dwelling Units (Residential): _____
or Building Area (S.F. of Non-residential): _____
Proposed Land Use: _____
Number of Dwelling Units (Residential): _____
or Building Area (S.F. of Non-residential): _____

ADJOINING PROPERTY OWNERS:

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reason for Request: _____

SIGNATURE OF OWNER(S)/PETITIONER(S):

The undersigned hereby applies to the City of Alcoa, Tennessee for development approval as indicated above. I hereby certify that the information submitted in this application is true and correct to the best of my knowledge at the time of application.

Owner(s)/Petitioner(s) Signature _____ Date _____

Owner(s)/Petitioner(s) Signature _____ Date _____

Note: This application shall be filed with the Planning and Codes Office by the first working day of the month of which to be considered.

FOR OFFICE USE ONLY:

Date Application/Petition Received: _____ Received By: _____
Application Fee Paid: _____ Receipt Number: _____
Planning Commission Date: _____ ☐ Approved ☐ Denied
Board of Commissioners Date: _____
1st Reading _____ 2nd Reading _____ ☐ Approved ☐ Denied